CLAIMS ONLY

Application Number	Filing Date
10/701532	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	I						51						
2		I					52						
3		/					53						
4		-					54						
5		-					55						
6		-					56						
7		-					57						
8		-					58						
9		-					59						
10		-					60						
11		-					61						
12		-					62						
13		-					63						
14		-					64						
15		-					65						
16		-					66						
17		-					67						
18		-					68						
19	I						69						
20		-					70						
21		-					71						
22	I	'					72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	19						Total Depend						
Total Claims	22						Total Claims						